

BOARD OF EXAMINERS OF SHEET METAL WORKERS
JOURNEYPERSON SHEET METAL WORKER
LICENSE EXAM APPLICATION

1) Application Date: ____ - ____ - ____

2) Applicant's Full Name:

Last Name First Name Middle Name Suffix

3) Maiden Name, Former Name, Also Known As:

Other Last Name Other First Name Other Middle Name

4) Gender : Male ____ Female ____ Prefer Not to Answer ____

5) Date of Birth : ____ - ____ - ____

6) Mailing Address: _____
No. Street Apt. #

City/Town State Zip Code

7) E-mail Address: _____

Please note: EMAIL is the primary means of contact for routine correspondences during the application process.

8) Preferred Communication: Email ____ Mail ____

9) Telephone : Primary ____ - ____ - ____ Ext. ____
Mobile ____ - ____ - ____
Other ____ - ____ - ____

10) Fax : Fax No. ____ - ____ - ____ Ext. ____

11) Please select the license type and exam you are applying for:

J-1 sheet metal ____ J-1 metal roofing ____ J-2 restricted ____

12) Please provide your current apprentice license #: _____

13) Have you completed Board approved sheet metal apprentice training requirements? Yes: ☐ No: ☐

If yes, please include with this application your apprentice training certificates of completion and your employer(s) statement of experience for Board review.

If no, please contact the Board for further information. Please note, a Board approved sheet metal training program is required.

14) Do you have a high school diploma or G.E.D.? Yes: ☐ No: ☐

If yes, please include with this application a copy of your diploma, transcripts or G.E.D. for Board review.

If no, please contact the Board for further information. Please note, a high school diploma or G.E.D. is required to apply for this license.

15) If applying for J-1 license, have you completed the required hours of training (8000 hours) and education (750 hours) Yes: ☐ No: ☐ Not applicable – applying for J-2: ☐

If no, please contact the Board for further information. Please note, you are required to have completed 8000 hours of training and 750 hours of education to apply for the J-1 license.

16) If applying for J-2 license, have you completed the required hours of training (4800 hours) and education (450 hours) Yes: ☐ No: ☐ Not applicable – applying for J-1: ☐

If no, please contact the Board for further information. Please note, you are required to have completed 4800 hours of training and 450 hours of education to apply for the J-2 license.

17) List all professional licenses/certifications you have held in the United States, or any country or jurisdiction, and the state/jurisdiction from which the license/certification was originally issued.

18) Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary):

19) Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary):

20) Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary):

21) Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary):

22) Have you ever been convicted of, or admitted to, a felony or misdemeanor in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary):

23) Have you ever been charged with a criminal violation which led to a disposition of "continued without a finding"("CWOFF") or admission to sufficient facts? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary):

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Examiners of Sheet Metal Workers to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to G.L. c.62C, §49A, to the best of my knowledge and belief, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law.

Signature of applicant

Date of Birth (mm/dd/yyyy)

Date

**YOU MUST INCLUDE THIS
APPLICATION CHECKLIST
WITH YOUR APPLICATION**

In checking each box below, I certify, under the pains and penalties of perjury, the truth of the corresponding statement:

- ☐ I have included a 2" x 2" color passport photo
- ☐ I have included high school diploma, transcripts or G.E.D.
- ☐ I have included certificates of completion from Board approved training program
- ☐ I have included the "Statement of Experience" form
- ☐ I have included the "Education Verification" form
- ☐ I have included the "CORI Authorization Form"
- ☐ I have included the \$ 155.00 non-refundable application / license fee payable to the
"Commonwealth of Massachusetts"

MANDATORY

My social security number is:

- -

Pursuant to G.L. c. 62C, § 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

Signature of applicant

Date of Birth (mm/dd/yyyy)

Date

Mail your application materials to:

DPL - Board of Sheet Metal, 1000 Washington Street – Suite 710, Boston, MA, 02118-6100.

Revised 3/4/15

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that the Division of Professional Licensure must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

NOTE: DPL CANNOT ACCEPT THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM UNLESS IT IS EITHER (1) SIGNED IN PERSON AT THE BOARD'S OFFICES IN THE PRESENCE OF A DPL EMPLOYEE WHO HAS VERIFIED THE APPLICANT'S IDENTITY THROUGH ACCEPTABLE IDENTIFICATION, OR (2) SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS LIKEWISE VERIFIED IDENTITY AND THEN MAILED OR OTHERWISE DELIVERED TO THE BOARD'S OFFICES AT THE ADDRESS SET FORTH ABOVE.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name *First Name Middle Name Suffix

*Maiden Name (or other name(s) by which you have been known)

*Date of Birth Place of Birth

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name City/Town State Zip

Street Number & Name City/Town State Zip

IDENTITY VERIFICATION SECTION: If this form is submitted by hand at DPL Offices, Section A must be completed. Otherwise, Section B must be completed.

SECTION A: VERIFICATION BY DPL EMPLOYEE: I hereby certify that I verified the identity of the above-referenced subject by reviewing the following form(s) of government-issued identification:¹

☐ Passport ☐ State Issued driver's license ☐ Military identification ☐ State-issued identification card

VERIFIED BY: _____

Name of Verifying DPL Employee (Please Print)

Signature of Verifying DPL Employee Date

SECTION B: VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:[†]

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public: Notary Commission Expires On

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).



Commonwealth of Massachusetts
DIVISION OF PROFESSIONAL LICENSURE
Board of Examiners of Sheet Metal Workers
1000 Washington Street, Suite 710,
Boston, Massachusetts 02118-6100

STATEMENT OF EXPERIENCE FOR SHEET METAL WORKERS

Erasures, Mark Overs or White Outs are Unacceptable

Type or Print Name Clearly _____
First Middle Last

Residence _____
Number Street City or Town Zip Code

Apprentice Sheet Metal Worker License Information: _____
License Number Date of Issue

MASTER EMPLOYER STATEMENT

This is to certify that: _____ was employed by me as a licensed sheet metal apprentice performing supervised sheet metal work from:

_____ To _____
Month/Day/Year Month/Day/Year (to present is unacceptable)

Total hours employed as a licensed apprentice performing supervised sheet metal work during this time: _____
Note: Vocational school Co-op employment hours may not be included.

Company or Corporation Name _____

Master License Number and Date Originally Issued _____

Business Address _____
Street City or Town Zip Code

Phone _____

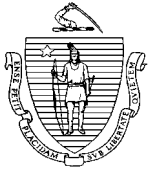
Can you produce Social Security Records for this person? Yes ☐ No ☐

If you checked NO in the box above, please explain _____

As the employer I hereby certify that the above statements are true and are made subject to the penalties of perjury. In addition, I certify that for the entire time listed above, the applicant worked for me as an apprentice sheet metal worker and not as an independent contractor or a subcontractor performing non-sheet metal work.

Signature of Employing Master Sheet Metal Worker: _____

FORM MUST BE ORIGINAL – PHOTO-COPY OF THESE SHEETS ARE UNACCEPTABLE



Commonwealth of Massachusetts
DIVISION OF PROFESSIONAL LICENSURE
Board of Examiners of Sheet Metal Workers
1000 Washington Street, Suite 710,
Boston, Massachusetts 02118-6100

VERIFICATION OF BOARD APPROVED EDUCATION FOR 750 HOUR SHEET METAL PROGRAM

TO THE BOARD OF EXAMINERS OF SHEET METAL WORKERS:

In connection with my application for a **J-1 Unrestricted Journeyperson Sheet Metal license**, I submit the following verification of schooling:

Name of Applicant: (Type or Print Clearly) Address

Signature of Applicant Date

THE FOLLOWING IS TO BE COMPLETED BY APPRENTICE SCHOOL OFFICIALS

Subject to the rules set forth in Section 240 of Chapter 112 of the General Laws, I subscribe to and vouch for the statement made by:

Name of Applicant: (Type or Print Clearly) Address

Name of School Address

From _____ To _____
Date of Enrollment Date of Completion of Course or Graduation

During that time, the student successfully completed the following which meets the requirements of 271 CMR 3.00

- ☐ 150 hour Level 1 - First Year Course for Journeyperson Sheet Metal Worker Licensure
- ☐ 150 hour Level 2 - Second Year Course for Journeyperson Sheet Metal Worker Licensure
- ☐ 150 hour Level 3 - Third Year Course for Journeyperson Sheet Metal Worker Licensure
- ☐ 150 hour Level 4 - Fourth Year Course for Journeyperson Sheet Metal Worker Licensure
- ☐ 150 hour Level 5 - Fifth Year Course for Journeyperson Sheet Metal Worker Licensure

Name of Sheet Metal Instructor – Type or print Instructor License Number

Signature of Sheet Metal Instructor School Phone Number

THE FOLLOWING IS TO BE COMPLETED BY VOCATIONAL HIGH SCHOOL SCHOOL OFFICIALS

As a full time day student who graduated from a Board Approved Vocational High School Sheet Metal Program , the student has also successfully completed _____ hours of shop under the supervision of a licensed sheet metal instructor at the following school _____.

Name of Sheet Metal Instructor – Type or print Instructor License Number

Signature of Sheet Metal Instructor School Phone Number



Commonwealth of Massachusetts
DIVISION OF PROFESSIONAL LICENSURE
Board of Examiners of Sheet Metal Workers
1000 Washington Street, Suite 710,
Boston, Massachusetts 02118-6100

VERIFICATION OF BOARD APPROVED EDUCATION FOR 450 HOUR SHEET METAL PROGRAM

TO THE BOARD OF EXAMINERS OF SHEET METAL WORKERS:

In connection with my application for a **J-2 Restricted Journeyman Sheet Metal license**, I submit the following verification of schooling:

Name of Applicant: (Type or Print Clearly) Address

Signature of Applicant Date

THE FOLLOWING IS TO BE COMPLETED BY APPRENTICE SCHOOL OFFICIALS

Subject to the rules set forth in Section 240 of Chapter 112 of the General Laws, I subscribe to and vouch for the statement made by:

Name of Applicant: (Type or Print Clearly) Address

Name of School Address

From _____ To _____
Date of Enrollment Date of Completion of Course or Graduation

During that time, the student successfully completed the following which meets the requirements of 271 CMR 3.00

- ☐ 150 hour Level 1 - First Year Course for Journeyman Sheet Metal Worker Licensure
☐ 150 hour Level 2 - Second Year Course for Journeyman Sheet Metal Worker Licensure
☐ 150 hour Level 3 - Third Year Course for Journeyman Sheet Metal Worker Licensure

Name of Sheet Metal Instructor – Type or print Instructor License Number

Signature of Sheet Metal Instructor School Phone Number

THE FOLLOWING IS TO BE COMPLETED BY VOCATIONAL HIGH SCHOOL OFFICIALS

As a full time day student who graduated from a Board Approved Vocational High School Sheet Metal Program, the student has also successfully completed _____ hours of shop under the supervision of a licensed sheet metal instructor at the following school _____.

Name of Sheet Metal Instructor – Type or print Instructor License Number

Signature of Sheet Metal Instructor School Phone Number